								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									09750520				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTITY	OR	OTHER		
TOTAL CLAIMS			35		<b>**</b> #			RATE	FEE	]	RATE	FEE	
FOR			NUMBER	FILED .	NUMBER EXTRA			BASIC FE	E 355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 5 minus 20=		.13			X\$ 9=	114.0	OR	X\$18=		
INDEPENDENT CLAIMS			4 mi	nus 3 =	1			X40=	40,00	OR	X80=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT				+135=			OR	+270=	•	
* If the difference in column 1 is less than zero, enter "0" in column 2									542 00	OR	TOTAL		
CLAIMS AS AMENDED - PART II								2	212		OTHER	THAN	
	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL	NTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠	RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	-3	3	=/		X\$ 9=		OR	X\$18=		
¥	Independent	ک ا	Minus					X40=	/	OR	X80=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								17	OR	+270=	/ -	
								+135=			TOTAL	/	
	(Online 4)							DDIT. FE	E	OR	ADDIT. FEE		
AMENDMENT B	VET ON ST	(Column 1) CLAIMS		(Colu		(Cölumn 3)	r		L +001			4001	
		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.2/	Minus	3	3,	g		·X\$ 9=	./	OR	X\$18=		
	Independent	. 3	Minus		4_	=		X40=	1/	OR	X80=	7	
L,	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDENT	CLAIM			+135=	<del> /</del>		· +270=		
							Ļ	+135=	<u> </u>	OR	TOTAL	/	
							A(	DOIT. FEE		ÖR	ADDIT. FEE	<b></b>	
·		(Column 1)		(Colur		(Column 3)	· _		·		·		
AMENDMENT'C		REMAINING AFTER AMENDMENT			BER DUŞLY	PRESENT "EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		Ė		X\$ 9=		OR	X\$18=	į.	
ME	Independent	•	Minus	***	_	=		X40=	1.		X80=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del> </del>	OR	7.00-		
								+135=		OR.	+270=		
* If the entry in column 1 is less than the entry in column 2, write "C" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***ORTHORNOODER TOTAL ADDIT. FEE													
***	If the "Highest Nu The "Highest Num	inber Previously Pa iber Previously Pal	ald For IN THI: Id For (Total or	S SPACE i Independ	is lass tha ent) is the	ы 3, enter "3." highest numbe							
								_ • _	٠.				

FORM PTO-675 (Rau 6/00)

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